| •                  | CLAIMS ONLY  | Applicat                                       |
|--------------------|--|--|
| - 1                | WING OWE !   | Application Number  LD 15370820 Filling Date   |
| 1                  | CLAIMS   ASSUES  | Applicant(s)                                   |
|                    | Indep Company AFTER SECOND   | May be used for additional dalms or amendments |
| :                  | 1 Depend Indep Depend Indep Depend 1 De | Indep Depend                                   |
|                    | 4 5  | 52 Gepend Indep Depend                         |
| : E                | 6 7 6  | 54<br>55<br>56                                 |
|                    | 9 10   | 57<br>58                                       |
|                    | 12   | 59<br>60<br>61                                 |
| 1                  | 5  | 62<br>63<br>64                                 |
| 13<br>16<br>19     |  | 65<br>66<br>67                                 |
| 20<br>21<br>22     |  | 66<br>59<br>0                                  |
| 23<br>· 24<br>25 · |  |  |
| 26<br>27<br>. 26   | 74   |  |
| 29<br>30<br>31     | 76<br>77<br>78   |  |
| -33<br>-33<br>-34  | 60   |  |
| 35                 | 92<br>63<br>64   |  |
| 37<br>38<br>39     | 65<br>66<br>67   |  |
| 40 41 42           | 96<br>69<br>90   |  |
| 43<br>44<br>45     | 91 92 93   |  |
| 46<br>47<br>46     | 94 95  |  |
| . 49 .             | 96<br>97<br>95   |  |
| Total Total        | 99<br>100<br>Total   |  |
| Jepend /C          | Indep<br>Total<br>Depend   |  |
|                    | Total<br>Claims  |  |
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